

PART B - FEE(S) TRANSMITTAL

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AUG 13 2007

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27073 7590 05/24/2007

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Jaclyn Skiba

(Depositor's name)

Jaclyn Skiba

(Signature)

August 10, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/722,110

11/25/2003

Luca De Santis

400.225US01

4849

TITLE OF INVENTION: MEMORY DEVICE CONTROLLER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	08/24/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
TSAI, SHENG JEN	2186	711-154000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page; list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Leffert, Jay &

2 Polglaze P.A.

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Micron Technology, Inc.

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501373 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Tod A. Myrum

Date

08-10-07

Typed or printed name

Tod A. Myrum

Registration No.

42,922

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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First Named Inventor	Luca De Santis	GENERAL TRANSMITTAL FORM UNDER 37 CFR 1.8 (LARGE ENTITY)
Serial No.	10/722,110	
Filing Date	November 25, 2003	
Group Art Unit	2186	
Examiner Name	Sheng Jen Tsai	
Confirmation No.	4849	
Attorney Docket No.	400.225US01	
Title: MEMORY DEVICE CONTROLLER		

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Enclosures					
The following documents are enclosed:					
<input checked="" type="checkbox"/>	Form PTOL-85 (Issue Fee Transmittal) in duplicate (2 pgs.);				
<input checked="" type="checkbox"/>	"Fee Address" Indication Form (1 pg.);				
<input checked="" type="checkbox"/>	A check in the amount of \$1,400.00 (Issue Fee);				
<input checked="" type="checkbox"/>	A check in the amount of \$300.00 (Publication Fee);				
<input checked="" type="checkbox"/>	An itemized return-receipt postcard				
Leffert Jay & Polglaze, P.A. P.O. Box 581009 Minneapolis, MN 55458-1009 T - 612/312-2200 F - 612/312-2250					
Please charge any additional fees or credit any overpayments to Deposit Account No. 501373.					
CUSTOMER NO. 27073					
Submitted By					
Name	Tod A. Myrum	Reg. No.	42,922	Telephone	(612) 312-2208
Signature	<i>Tod A. Myrum</i>			Date	08-10-07
Certificate of Mailing					
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Name	Jaclyn M. Skiba		Signature	<i>Jaclyn Skiba</i>	

(LARGE ENTITY TRANSMITTAL UNDER 37 CFR § 1.8)